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CONFIRMATION NO. 5529

SERIAL NUMBER 09/653,012	FILING OR 371(c) DATE 09/01/2000 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 8241
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APPLICANTS

Karen A. Kreutz, Cincinnati, OH;
 Lisa A. MacKay, Cincinnati, OH;
 Donna R. Hill, Erlanger, KY;
 Thomas W. Osborn III, Cincinnati, OH;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/17/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>McAllister</i> Examiner's Signature	Initials	
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
OH	6	26	3

ADDRESS

27752

TITLE

Feminine hygiene kit

FILING FEE RECEIVED 1422	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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